GENITOURINARY MEDICINE

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Advice to authors Papers for publication, which will be accepted on the understanding that they have not been and will not be published elsewhere and are subject to editorial revision, should be sent in duplicate to Dr A Mindel, Academic Department of Genitourinary Medicine, James Pringle House, Middlesex Hospital, London W1N 8AA. All authors must give signed consent to publication. Submitted papers must be accompanied by the following statement, signed by all the authors: "No paper resembling the enclosed article has been or will be published except in Genitourinary Medicine. We transfer all copyright ownership to Genitourinary Medicine." Manuscripts will only be acknowledged if a stamped addressed postcard or international reply coupon is enclosed. Rejected papers will not be returned. Figures will be returned if requested at the time of submission.

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- (1) Scripts (including correspondence and book reviews) must be typewritten on one side of the paper in double spacing with ample margins. Two copies should be sent.
- (2) Each script should include, in the following order: a brief summary (structured summaries are preferred), typed on a separate sheet, outlining the main observations and conclusions; the text divided into appropriate sections; acknowledgements; references; tables, each on a separate sheet; and legends for illustrations.
- (3) The title of the paper should be as brief as possible.
- (4) The number of authors should be kept to the minimum, and only their initials and family names used.
- (5) Only the institution(s) where work was done by each author should be stated.
- (6) SI units must be used. If old fashioned units are used, SI units should be given in parentheses or, for tables and figures, a conversion factor given as a footnote.
- (7) Only recognised abbreviations should be used.
- (8) Acknowledgements should be limited to workers whose courtesy or help extended beyond their paid work, and supporting organisations.
- (9) Figures should be numbered in the order in which they are first mentioned in the text. Captions should be typed on a separate sheet. (Diagrams: use thick, white paper and insert lettering lightly in pencil. Photographs: should be marked lightly on the back with the author's name and indicating the top, and should not be attached by paper clips or pins. They should be trimmed to include only the relevant section (and will be reproduced 68 or 145 mm wide) to eliminate the need for reduction. Photomicrographs must have internal scale markers. Radiographs should be submitted as photographic prints, carefully prepared so that they bring out the exact point to be illustrated.
- (10) Tables should be numbered, have titles, and be typed on separate sheets. Please avoid large tables and use the format which appears in current issues.

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Fear can be useful provided that five basic requirements are met. Chief among these is that "specific actions or behaviour to address the risk need to be recommended and people need to believe they can effectively implement the action or behaviour". This behaviour should then reduce the level of fear, and this should be felt as a reinforcement for the recommended behaviour.

Fear arousal has also been studied in the context of small groups and in oneto-one prevention programmes. Fear or anxiety-producing motivations work most often on people who are realistic about evaluating risks. These people are called copers. People who tend not to see or to deny a given risk are called avoiders. Fear generally doesn't work with them. Unfortunately, copers don't often enter into high-risk situations and avoiders do. So the avoiders, who are more likely to practice unsafe sex or share IV needles, do not respond well to fear messages. The discussion goes on to show why fear may in fact promote the unsafe practice, such as drug use, as a means of reducing this fear. On the positive side, Jo Kenny, from the Santa Cruz AIDS Project describes how humour can be useful when discussing sex and sexuality.

The workshops focus on different groups in society-for example, prostitutes, STD patients, IV drug users. Predictably a number of the sections draw attention to our lack of knowledge in these areas and the need for further research. At times this can be rather frustrating as the reader craves more in the way of solutions and suggested methods. To this end I was grateful that most of the presentations and workshops finished with a list of conclusions. Most of the sections are also well referenced so that this book could serve as a useful introduction to this difficult and under-researched field.

CHRIS CARNE

Roses in December. By Sydney M Laird. Braunton, Devon: Merlin Books Limited. (10 line drawings; 13 photographs. Pp 391; £13.95). 1990. ISBN 0-86303-518-3

Sydney Laird was brought up in his

father's practice at Kilmacolm. He developed a warm interest in people, growing concern with history and archaeology, and the Scottish love and respect for learning. These led him to Medicine and to stay in Venereology.

After a happy and active professional and family life he was devastated by the development of progressive macular dystrophy, by being placed on the Register of Blind Persons, being unable to read, to practise medicine, to follow hobbies or to drive. He overcame depression by typing his autobiography of which this is the second volume. It was a joint collaborative work with his doctorwife Gwen because he could type, but not read even what he had typed.

In 1941 while an Army Major at Colchester, he very unusually took over civil clinics at Ipswich and Bury St Edmunds to facilitate his army work. Each centre that this doctor with wide interests worked at or visited is put in context with an attractive and discerning review of the development of the area and hospital, its present state and staff. For Ipswich he describes the Romans sailing up the Orwell, John le Blake who in 1271 made off with the original Domesday documents, and the first line-drawing shows the "Ancient House" in Butter Market.

On his second day at the East Suffolk and Ipswich Hospital he saw the redoubtable Secretary Arthur Griffiths. The list of alterations merited "I agree" and work was started next day. The request for filing cabinets was met with the address of a shop in Westgate Street, the bill to be sent to the Secretary. Administration is analysed here and later. He writes of the vital divorce of Dermatology from Venereology pioneered by RMB Mackenna.

His interest in people has led to perceptive accounts of staff at Ipswich and at each centre that he went to.

The second line-drawing is of King's College, Cambridge from the Backs near where he ate his packed lunch with enjoyment on sunny days. At Addenbrooke's tea with the Hospital Secretary was served on a silver tea service because he was a consultant. Acceptance came when his small waiting room was packed with large men of the Rugby team, just back from their tour of the Far East, coming for a check-up.

His interest in people led to staff

becoming valued colleagues. So at Ipswich Sister Irene Smith came for three months, stayed, and later went on the WHO project in Ceylon and then to the Manchester Royal Infirmary.

Characteristically the account of Manchester Royal Infirmary includes mention of Dr Roget (of Thesaurus fame) as well as later staff. Accounts are given of prostitution, male homosexuality, education of the general public and of school children. His own Penguin Special ("Venereal Diseases in Britain") had broken new ground in 1943. Descriptions of disease are brief and clear. He gives an account of blindness.

His last appointment in Bournemouth leads him to talk of Committees. Their cost must include their power for delaying improvement. The Salmon Committee was a disaster for all.

This book will particularly interest all working in sexually transmitted disease; anyone in East Anglia (notably at Ipswich or Addenbrooke's Hospitals), in the Bournemouth area or at the Manchester Royal Infirmary. It is perceptive, a delight to read and a major achievement.

EMC DUNLOP

NOTICES

An International Course (BMC Summer Course) on "Tools in Research on Sexually Transmitted Diseases" (STDs, incl HIV/AIDS) will be held at Uppsala University, Sweden, on 14-25 August 1991. The course will be arranged in close collaboration with WHO Coll Center for STDs and their Complications and Centre for STD Research at Uppsala University. The course includes the following topics: epidemiological study tools, design and evaluation of aetiological, clinical and therapeutic studies, biostatistics, computer models, vaccine development, prevention and ethics. Participants will also take part in working groups on different topics. The faculty

will be international. Participants in the course will also be able to attend a 2-day symposium on "Diagnosis of Sexually Transmitted Diseases" (see separate announcement).

Further information can be obtained from Prof P-A Mårdh, Inst of Clin Bacteriology, Box 552, S-751 22 Uppsala, Sweden. Fax: +46 18 557301.

An International Symposium on "Diagnosis of Sexually Transmitted Diseases" (including HIV/AIDS) will take place in Uppsala, Sweden, on 16-17 August, 1991. The Symposium is arranged by Uppsala University Centre for STD Research in close collaboration with WHO Coll. Centre for STDs and their Complications. Optimised diagnosis in different syndromes, needs and possibilities of aetiological diagnosis of STDs performed in various types of clinical settings in developed and developing countries, new laboratory techniques and their role in routine health care, diagnosis of infections by bacteria, chlamydiae, spirochetes and viruses known to cause STDs, are all topics covered. Immunological investigations of the genital tract and immunology in HIV infections are still other topics.

Further information can be obtained from Professor P-A Mårdh, Institute of Clinical Bacteriology, Box 552, S-751 22 Uppsala, Sweden. Fax: +46 18 557301.

International Society for the Study of Vulvar Disease (ISSVD) and the Medical Society for the Study of Venereal Diseases (MSSVD) study day 27 September 1991

A Study Day is being held by the ISSVD and the MSSVD at the Randolph Hotel, Oxford, on 27 September 1991. The speakers will be drawn from both Societies and the subjects will range over topics of common interest. Lunch and refreshments will be provided. For those who wish to extend their stay, college accommoda-

tion may be booked through the Congress Secretariat before 1 March 1991 at either Worcester College for £46.00 per night including VAT or St John's College for £24.15 per night including VAT. Registration fees differ for MSSVD/ISSVD members.

Congress Secretariat Address: Conference Associates & Services Limited—ISSVD, Congress House, 55 New Cavendish Street, London W1M 7RE. Telephone: 44-71-486 0531 Telefax: 44-71-935 7559.

Registration fees
Delegate

Before 1 June 1991: £75.00 After 1 June 1991: £85.00 MSSVD/ISSVD Fellow Before 1 June 1991: £50.00 After 1 June 1991: £60.00

CURRENT PUBLICATIONS

Selected titles from recent reports published worldwide are arranged in the following sections:

Gonorrhoea
Chlamydia
Pelvic inflammatory disease
Non-specific genital infection
Bacterial vaginosis
Syphilis and other treponematoses
Herpes simplex virus
Human papillomavirus infection
Cervical cytology and colposcopy
Other sexually transmitted diseases
Public health and social aspects
Miscellaneous

Gonorrhoea

Gonorrhoea

FN JUDSON, Med Clin N Am 1990;74:1353.

Resurgent gonorrhoea in homosexual men

VC RILEY, Lancet 1991;337:183.

Evidence of gonococcal transmission within a correctional system

KH VANHOEVEN, WC ROONEY, SC JOSEPH, Am J Public Health 1990;80:1505.

The evolutionary watershed of susceptibility to gonococcal infection

ZA MCGEE, CR GREGG, AP JOHNSON, SS KALTER, D TAYLOR ROBINSON, *Microbiol Path* 1990;9:131.

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TF MEYER, Zentralblatt Bakt-Int J Med Microbiol 1990;274:135.

4-Quinolone-resistant Neisseria gonorrhoeae in the United Kingdom WR GRANSDEN, C WARREN, I PHILLIPS, J Med

Microbiol 1991;34:23.

Penicillin-resistant Neisseria gonorrhoeae in low prevalence areas implications for cost-effective management

MD NETTLEMAN, V SMITH, NP MOYER, Sex Transm Dis 1990;17:175.

Penicillinase-producing Neisseria gonorrhoeae strains in East Black Sea region of Turkey

I KOKSAL, G OZGUR, B PISKIN, Infection 1990;18:396.

Interpretive criteria, quality control guidelines and drug stability studies for susceptibility testing of cefotaxime, cefoxitin, ceftazidime and cefuroxime against Neisseria gonorrhoeae

RN JONES, PC FUCHS, JA WASHINGTON, TL GAVAN, PR MURRAY, EH GERLACH, C THORNSBERRY, Diag Microbiol Infect Dis 1990;13:499.

Treatment of uncomplicated gonococcal urethritis with single-dose ceftizavime

AMB GOLDSTEIN, JH CLARK, Sex Transm Dis 1990;17:181.

Control of pilus expression in Neisseria gonorrhoeae as an original system in the family of two-component regulators

MK TAHA, B DUPUY, W SAURIN, M SO, C MARCHAL, Mol Microbiol 1991;5:137.

Chlamydia

Chlamydial infections

DH MARTIN, Med Clin N Am 1990;74:1367.

Chlamydia trachomatis infection in late pregnancy and in neonates

G STERNER, E ENOCKSSON, C BRIHMERWALLDE, I KALLINGS, Scand J Infect Dis 1990; **\$70**:95.

Chlamydia infections in gynaecology JH SUCHET, Presse Medicale 1991;20:10.

Prevalence of Chlamydia trachomatis infection in women having cervical smear tests

JR SMITH, J MURDOCH, D CARRINGTON, CE FREW, AJ DOUGALL, H MACKINNON, D BAILLIE, DM BYFORD, CA FORREST, JA DAVIS, *Br Med J* 1991;302:82.

Derivation and validation of a clinical diagnostic model for Chlamydial cervical infection in university women BA JOHNSON, RM POSES, CA FORTNER, FA MEIER, HP DALTON, JAMA 1990; 264:3161.

Diagnostic value of the polymerase chain reaction for chlamydia detection as determined in a follow-up study

HCJ CLAAS, JHT WAGENVOORT, HGM NIESTERS, TT TIO, JH VANRIJSOORTVOS, WGV QUINT, J Clin Microbiol 1991;29:42.

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Current problems in microbiology. 1. Chlamydial infections—which laboratory test?

GL RIDGWAY, D TAYLOR ROBINSON, J Clin Pathol 1991;44:1.

Rapid, on-site diagnosis of Chlamydial urethritis in men by detection of antigens in urethral swabs and urine

J SELLORS, J MAHONY, D JANG, L PICKARD, S CASTRICIANO, S LANDIS, I STEWART, W SEIDELMAN, I CUNNINGHAM, M CHERNESKY, J Clin Microbiol 1991;29:407.

Chlamydial trachomatis in chronic abacterial prostatitis—demonstration by colorimetric in situ hybridization

OMA ABDELATIF, FW CHANDLER, BS MCGUIRE, Hum Pathol 1991;22:41.

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Pelvic inflammatory disease

Pelvic inflammatory disease

HB PETERSON, EI GALAID, W CATES, $Med\ Clin\ N\ Am\ 1990;74:1603.$

Sexually transmitted diseases, pelvic inflammatory disease, and infertility—an epidemiologic update

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DL HEMSELL, RE BAWDON, PG HEMSELL, BJ NOBLES, MC HEARD, J Int Med Res 1990; 18:D85.

Non-specific genital infection

Approach to men with urethritis and urologic complications of sexually transmitted diseases

WR BOWIE, Med Clin N Am 1990; 74:1543.

Isolation of Bacteroides ureolyticus from the genital tract of men with or without non-gonococcal urethritis

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A PILLAI, L DEODHAR, A GOGATE, Indian J Med Res-A 1990;91:443.

Polymerase chain reaction for detection of mycoplasma genitalium in clinical samples

JS JENSEN, SA ULDUM, J SONDER-GARDANDERSON, J VUUST, K LIND, *J Clin Microbiol* 1991;**29**:46.

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I SJOBERG, S HAKANSSON, Obstet Gynecol 1991;77:265.

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AL BLACKWELL, Lancet 1991;337:300.

Syphilis

Syphilis in adults

CM HUTCHINSON, EW HOOK, Med Clin N Am 1990;74:1389.

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Sensitive detection of Treponema pallidum by using the polymerase chain reaction

JM BURSTAIN, E GRIMPEL, SA LUKEHART, MV NORGARD, JD RADOLF, *J Clin Microbiol* 1991;**29**:62.

Effects of human immunodeficiency virus (HIV) infection on the course of syphilis and on the response to treatment

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Syphilis—a reversible cause of nephrotic syndrome in HIV infection DJ KUSNER, JJ ELLNER, N Engl J Med 1991; 324:341

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Herpes simplex virus

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